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SHAFTESBURY RURAL DISTRICT COUNCIL

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1971

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

AND

CHIEF PUBLIC HEALTH INSPECTOR

Medical Officer of Health: ESTHER JACKSON, M.B. , CH.B. , D.P.H.

Chief Public Health Inspector: F.E. CASEMORE, A.I.A.S. , M.R.S.H. , M.A.P.H.I.



## C O N T E N T S

	Page
PUBLIC HEALTH COMMITTEE & PUBLIC HEALTH STAFF	1
ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH	2
GENERAL AND VITAL STATISTICS	2
BIRTHS AND INFANTILE DEATHS	2
CAUSES OF DEATH IN 1971	3
CONTROL OF COMMUNICABLE DISEASES	3
VACCINATION	3
PUBLIC HEALTH LABORATORY	6
NATIONAL ASSISTANCE ACT	6
COUNTY COUNCIL SERVICES	6
VOLUNTARY SERVICES	6
ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR	7
WATER SUPPLY	7
DRAINAGE & SEWERAGE	8
PUBLIC CLEANSING	8
OFFICES, SHOPS & RAILWAY PREMISES ACT 1963	9
FACTORIES ACT	9
ANIMAL BOARDING ESTABLISHMENTS ACT	10
CONTROL OF MOVEABLE DWELLINGS	10
PEST CONTROL	10
HOUSING	11
INSPECTION & SUPERVISION OF FOOD SUPPLIES	12
MEAT INSPECTION	13
SUMMARY OF INSPECTIONS	14



SHAFTESBURY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT  
Telephone: Shaftesbury 2355

COUNCIL OFFICES  
BIMPORT  
SHAFTESBURY

Telephone number of  
MEDICAL OFFICER OF HEALTH  
Sturminster Newton 651

PUBLIC HEALTH COMMITTEE

Chairman: W.G.R. Bush Esq.

Vice-Chairman: S.J.A. Baker Esq.

Major P. F. Stoop, J.P.  
Lt.Col. W. Q. Findlater  
Lt.Col. H. H. B. Clegg  
Mr. J. H. Burt

Mr. H. J. Hunt  
Mr. M. P. Osmond  
Mr. R. ff. D. Brews  
Mr. K. Lawrence

Ex-officio:

Lt. Col. P. L. Bowers  
E. Batho Esq.

STAFF - PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH  
(part time)

- Esther Jackson M.B., Ch.B., D.P.H.

Clerk

Mrs. A. Smith

CHIEF PUBLIC HEALTH INSPECTOR & SURVEYOR - F. E. Casemore, A.I.A.S., M.R.S.H.,  
(part time public health duties) M.A.P.H.I.

ADDITIONAL PUBLIC HEALTH INSPECTORS  
(full time public health)

- M. F. Capon, M.A.P.H.I.  
S. Barratt, M.A.P.H.I. (from 1.9.71)

It was necessary for Mr. Capon to spend some time on meat inspection duties so that there was inadequate staff time for general public health duties.

ADDITIONAL SURVEYOR & PUBLIC HEALTH  
INSPECTOR

- B. R. Marchant, M.R.S.H., M.A.P.H.I.,  
M.R.I.P.H.H. (left 31.1.71)

Mr. Marchant's secondment to the Council's Consulting Engineers in connection with Iwerne Minster main drainage improvement scheme continued during the year. Because of this secondment there was a shortage of staff for public health duties.

ADDITIONAL PUBLIC HEALTH INSPECTOR

- R. A. Leach, M.A.P.H.I., M.I.M.

Meat inspection duties four mornings per week; seconded to Shaftesbury Borough Council for public health duties remainder of week.

MEAT INSPECTORS

- D. Sharpe, M.A.M.I.  
R.A. Watson, M.A.M.I.  
G. Barber, M.A.M.I.

Clerical Staff

- Two part time Clerks.



# SHAFTESBURY RURAL DISTRICT COUNCIL

## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1971

### GENERAL STATISTICS

Area in acres	42,000
Registrar General's Estimated Mid-Year Population	10,830
Number of dwellings	3,774
Rateable Value (at 1st April 1971)	£328,695
Product of penny rate	£3,131

### VITAL STATISTICS

		1971		1970
<u>BIRTHS</u> registered		Male	Female	Total
Live Births	Total	55	70	125
	Legitimate	53	68	121
	Illegitimate	2	2	4
Still Births	Total	0	2	2
	Legitimate	0	2	2
	Illegitimate	-	-	-
		1971		1970
<u>DEATHS</u> registered		Male	Female	Total
Total		71	73	144
Maternal deaths		-	0	0
Deaths of infants				
under 1 yr. Total		0	1	1
Legitimate		0	0	0
Under 4 weeks of age				
Total		0	0	0
Under 1 week		0	0	0

The succeeding table of figures shews the birth rates etc. for the Shaftesbury Rural area and the rates for England & Wales for comparison.

	Shaftesbury Area		England & Wales	
	1971	1970	1971	1970
Live birth rate per 1,000 est. population	11.5	13.8	16.0	16.0
Area comparability factor	1.15	1.15	1.0	1.0
Local adjusted rate	13.2	15.9	16.0	16.0
Illegitimate live births as % of all live births	3	6	8	8
Stillbirth rate per 1,000 total live and still births	16	14	12	13
Infant mortality rate per 1,000 live births	8	14	18	18
I.M.R. of legitimate infants	-	7	17	17
I.M.R. of illegitimate infants	250	111	24	26
Neonatal mortality rate (Deaths under 4 weeks per 1,000 live born)	-	14	12	12
Early neonatal mortality rate (Deaths under 1 week per 1,000 live born)	-	14	10	11
Perinatal mortality rate (still births & deaths under 1 week per 1,000 total live and still births)	16	27	22	23
Deaths per 1,000 population	13.3	14.3	11.6	11.7
Area comparability factor	.84	0.84	1.0	1.0
Local adjusted death rate	11.2	12.0	11.6	11.7

In calculating Birth and Death Rates area comparability factors are issued by the Registrar General to "correct" marked variations from average in the age and sex structure of the local population and to take into account any unusually high or low mortality due to the presence of residential institutions etc. The local crude rate multiplied by the area comparability factor produces a rate comparable with rates in other parts of the country.

## CAUSES OF DEATH DURING THE YEAR

	1971		Total	Total	Total
	Male	Female	Total	1970	1969
Tuberculosis - all forms	0	0	0	1	0
Other infective illnesses	0	0	0	0	0
Malignant Neoplasm					
Lung and bronchus	8	1	9	7	9
Breast	0	2	2	5	2
Uterus	-	3	3	2	1
Prostate	2	-	2	1	0
Stomach and intestines	3	4	7	15	4
Leukaemia	1	0	1	0	0
Other sites	5	4	9	6	7
Diabetes mellitus	0	0	0	0	0
Other endocrine etc. diseases	0	1	1	0	0
Other diseases of nervous system etc.	1	0	1	2	0
Ischaemic heart disease	19	17	36	30	31
Cerebrovascular disease	5	13	18	19	21
Other heart & circulatory system diseases	15	18	33	23	20
Influenza	1	0	1	4	3
Pneumonia	2	2	4	7	5
Bronchitis and emphysema	4	0	4	12	4
Other diseases of respiratory system	0	2	2	2	1
Ulcer and diseases of digestive system	0	0	0	3	1
Other diseases of liver and intestines	0	0	0	0	0
Diseases of kidneys and genito-urinary system	0	4	4	1	2
Congenital anomalies & other causes of perinatal mortality	0	0	0	2	5
Other defined and ill-defined diseases	2	0	2	4	0
Motor vehicle accidents	1	1	2	2	2
All other accidents	1	1	2	3	1
Suicide and self-inflicted injuries	1	0	1	0	2
	71	73	144	151	121

Figures for previous years are included for comparison. It is apparent that the list of numbers dying in the population of this area has little meaning unless compared with figures for the whole country: any seeming difference in trends and figures are artifacts due to the relatively small numbers of deaths in the area.

## CONTROL OF COMMUNICABLE DISEASES

### International quarantine regulations diseases

#### SMALLPOX

1971 marked the 175th anniversary of the first vaccination against smallpox. On May 14th 1796 Dr. Jenner, an English country doctor, carried out the first vaccination. Slowly the practice of vaccination against smallpox spread throughout the world and the widespread use of smallpox vaccine has resulted in major changes in smallpox patterns. However, as late as 1945 the majority of the world, including the United States was still considered endemic for smallpox. Our own country was one of the notable exceptions and our freedom from smallpox we merely "took for granted". During the past 26 years there have been both continuing reductions in the incidence of this killing disease and elimination of smallpox from large geographical areas. In 1945 smallpox was reported in 91 countries. In 1970 smallpox was reported from only 23 countries. Because there is no longer a great danger of contracting smallpox when travelling abroad, vaccination regulations have been relaxed in many countries and the Department of Health no



longer advocates routine vaccination of children against smallpox.

Travellers to some parts of the world are still advised to be vaccinated against smallpox and the stamping of international certificates to validate the doctors signature is still carried out in your Public Health Department.

#### CHOLERA

In England where we have hygienic disposal of human excreta and an excellent water supply it is unlikely that we will experience a serious epidemic of cholera but the possibility of outbreaks must be taken seriously. "Holiday cholera" was in the news during 1971 in Southern Europe and North Africa and the Public Health service arranged surveillance of returned holiday makers and alerted family doctors. Vaccination has little part to play in the control of cholera in many parts of the world. Anyone from England travelling in an endemic area may well be advised to be vaccinated against cholera for his own personal protection. However a valid certificate of vaccination against cholera held by someone returning to England serves no purpose to the community; the holder could be a symptomless excreter of cholera vibrios. The protection of the public is achieved by your concern for proper sewage disposal, a good water supply and a high standard of hygiene in all places where food is stored, prepared and eaten.

#### B. Diseases against which immunisation is offered in the United Kingdom

##### TUBERCULOSIS

B.C.G. vaccination is offered to those children during their second or third year at secondary school, who, on testing, are found to lack immunity. B.C.G. vaccination is also offered by the hospital service to such younger children who are known to have been in contact with tuberculosis.

Two cases of tuberculosis were notified during the year.

##### DIPHTHERIA

Again no notification was received and it is many years since a case was notified in the district. Immunisation of young children and subsequent booster doses is undoubtedly responsible for this satisfactory freedom from infection.

##### POLIOMYELITIS

No case has been notified for many years in this district. Again vaccination with oral poliomyelitis vaccine is responsible for the local freedom from this disease. Primary vaccination is given during the second half of the first year of life with a booster dose before school entry and another booster at 10 years old. For those children who are not taken to their family doctor at 10 or 11 years of age arrangements are made for the booster dose to be given in school during the 12th year of age.

##### WHOOPING COUGH

No case of whooping cough was notified during the year.

##### TETANUS

This disease is a severe and dangerous illness and active immunisation is offered to babies with a booster just before school entry and a further booster at 10 years old. As in the case of vaccination against poliomyelitis, a reminder is given to parents of school children who were not taken to their family doctor at 10 or 11 years of age.



## MEASLES

Vaccination against measles sometimes produces a reaction comparable to a very mild and brief attack of measles. In 1968 one of the two strains of vaccine in use was withdrawn and for a time there was a shortage of vaccine so that the level of vaccination has fallen below that which would eradicate this unpleasant disease.

4 cases of measles were notified during 1971.

## GERMAN MEASLES

In July 1970 the Department of Health recommended that vaccination against rubella (german measles) should be offered to all girls between their 11th and 14th birthdays but that initially priority should be given to older girls, i.e. those in their 14th year. Vaccine became available just before the end of 1970 and vaccination was carried out by family doctors helped by the school health service.

## VACCINATION STATISTICS 1971

(The term vaccination is now used internationally for procedure which in this country we used to describe as vaccination and immunisation)

DISTRICT	POLIOMYELITIS		DIPHTHERIA		TETANUS		WHOOPING		SMALLPOX		MEASLES	RUBELLA
	ORAL						COUGH					
	P	R					P	R				
Shaftesbury R.D.C.	87	259	91	111	91	216	88	21	61	3	84	57
P = Primary course R = Reinforcing dose												

## TUBERCULOSIS B.C.G. vaccination

119 children were vaccinated in school in the area.

All these figures are supplied by the County Medical Officer and refer to vaccinations of children.

It is not possible to compare these figures directly with those for previous years because in 1968 new schedules for the timing of injections etc. were introduced.

Vaccinations are now started at 6 months of age and it is no longer necessary to give a booster dose of anti diphtheria whooping cough and tetanus at 18-20 months. A booster dose of diphtheria and tetanus is necessary before school entry and a final booster at 10 years of age.

## C. Infections against which routine vaccination is not offered

### INFECTIVE JAUNDICE

1 case was notified during the year.

### FOOD POISONING AND DYSENTERY

No case of food poisoning or of dysentery was notified during the year.

## INFESTATIONS

Lice and nits have once again ceased to be a rarity among schoolchildren. This is probably a reflection of the fashion for longer, loose hair among women and men. Most of the infestations reported to the Health Authority were among school children; older patients usually go direct to their general medical practitioner for treatment.

## PUBLIC HEALTH LABORATORY

The Public Health Laboratory Service has continued to give excellent service. The Salisbury laboratory under the direction of Dr. P. J. Wormald has dealt with part of the work and the Dorchester laboratory under the direction of Dr. G. H. Tee with the remainder.

Brucellosis in humans is not a notifiable disease but public interest in the scheme for eradication of brucellosis from dairy cattle has increased awareness of the possibility of brucellosis infection in humans. Dr. Tee reports that the Dorchester Public Health Laboratory examined an increased number of specimens from humans. However, the percentage of sera found positive has remained remarkably constant at about 6% over the past three years.

## NATIONAL ASSISTANCE (AMENDMENT) ACT 1951

I am happy to report that it has not been necessary to take any formal action under this Act by which the Magistrates can order the removal of an elderly person living in unsatisfactory circumstances and unable to care for himself but unwilling to be admitted to hospital when a bed is available.

## SOCIAL SERVICES

On 1st April 1971 there were established in all the country's major Local Authorities, Social Service Departments based on the recommendations made in the Seeborn report.

In Dorset on 1st April the Welfare Services were transferred from the former Health and Welfare Department to the new Social Services Department. The Home Help and Meals-on-wheels services and much of the welfare work among the elderly are no longer the responsibility of the staff of the County Health Department.

The Rural District Council's staff have always worked closely with the former welfare officers to give the best possible help to people living in the District. This co-operation has continued throughout the year while the new County Social Services Department has been establishing itself.

The Local Health Authority organises the Ambulance Service and the appointment of nurses and of Health Visitors who play an important part in health education and the prevention of illness.

Dental Clinics. Child Health Clinics are provided for those who prefer to have dental treatment and vaccinations carried out at the county council clinics.

## VOLUNTARY SERVICES

Acknowledgement must again be made to the excellent work carried out in the district by voluntary bodies; the service detailed below is an example of voluntary work for old people.

The B.R.C.S. organises the chiropody service for the elderly and arranges transport for them to the chiropody clinic held at St. Martin's, Gillingham on Mondays and at the British Legion Hall, Shaftesbury on Fridays.



## ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

### NATURE OF THE DISTRICT & PRINCIPAL INDUSTRIES & TRADES

The principal industries of this area are agricultural with associated activities which include two bacon factories and one other slaughterhouse. In addition, there are factories dealing in chemicals, instrument engineering, glove manufacturing and soft toys.

### WATER SUPPLY

#### Public Supplies

Relevant Authority: West Wilts Water Board.

Samples taken of chlorinated water as supplied to consumers indicated that the water was of satisfactory quality. There were no complaints or indications that the supply was inadequate in quality.

Reports were received of 942 samples taken by the Board and examined in the Salisbury laboratory.

The public water supply does not have a fluoride content.

The number of dwelling houses and population supplied from public water mains are given in the table below. The water supply is taken direct to all houses, there are no houses which rely on standpipes as their water supply.

<u>Parish</u>	<u>No. of dwelling houses</u>	<u>Population</u>
Ashmore	68	142
Bourton	216	517
Buckhorn Weston	116	308
Cann	196	695
Compton Abbas	78	262
East Orchard	46	110
East Stour	192	444
Fontmell Magna	218	538
Gillingham	1497	4049
Iwerne Minster	205	647
Kington Magna	124	331
Margaret Marsh	17	49
Melbury Abbas	198	298
Motcombe	320	1041
Silton	54	151
Stour Provost	205	506
Sutton Waldron	78	206
Todber	38	104
West Orchard	24	66
West Stour	48	135
	<u>3838</u>	<u>19499</u>

## WATER SUPPLY (continued)

### Private Supplies

1. Oake Woods & Co. Ltd., Gillingham (Trade premises)
2. Chaffeymoor, Bourton. (3 houses)
3. Clayesmore School, Iwerne Minster (private supply used to augment mains supply on playing fields etc.)
4. Dorset Flying Club, Airfield, Compton Abbas.

No. of samples - 2 at the Dorset Flying Club both unsatisfactory.

Negotiations proceeded and agreement reached with the West Wilts Water Board for their mains to be extended to enable a mains supply to be provided at Dorset Flying Club airfield.

### DRAINAGE AND SEWERAGE

Bourton main drainage scheme was completed and the scheme put into operation in mid 1971.

Preparations were made for sewerage improvements at Gillingham in conjunction with the provision of main drainage at Motcombe which would be linked up with the Gillingham scheme.

Sewerage schemes are necessary to overcome drainage problems in the undermentioned parts of the district -

East Stour, West Stour and Stour Provost.  
Buckhorn Weston and Kington Magna.  
Milton-on-Stour.

### Cesspool Emptying

The Council operate a cesspool emptying service under Section 74 of the Public Health Act, 1936. The service provides for the annual removal, free of charge, of one cesspool vehicle load from each residential property and approved village halls which are not connected to a main drainage scheme.

During the year 490 properties took advantage of the free service. The decrease on previous year's figure (639) is due to main drainage being provided at Bourton.

### PUBLIC CLEANSING

(a) Collection and disposal of house refuse:-

A weekly collection operates for Gillingham and a fortnightly collection for the remainder of the district.

(b) Salvage Scheme. The following amounts were collected and sold during the year:

Mixed Paper	56 tonnes	£426.00
News and books	35 "	£113.00
Rags	1½ "	£ 17.00
Scrap Metals	9 "	£ 28.00
	<u>101½ "</u>	<u>£584.00</u>

### Roadside Sanitation

At the request of the highway authority the district council collect refuse from receptacles placed in recognised roadside laybys.

There is no sanitary convenience provided on any of the main roads traversing the District.



## RIVERS AND STREAMS POLLUTION

A complaint concerning a polluted watercourse at Kington Magna was investigated when it was found that the persons concerned were failing to comply with the conditions of a discharge consent granted by the Avon and Dorset River Authority. The circumstances were reported to the River Authority for appropriate action.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

No. of inspectors appointed under the Act .....	1
Estimated No. of Premises subject to registration .....	77
No. of Premises registered .....	77
No. of Premises Inspected .....	49
No. of inspections carried out .....	65

## FACTORIES ACT

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	2	1		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	37	8	2	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)				
Total	39	9	2	

2. Cases in which DEFECTS were found

Particulars  (1)	Found (2)	Number of cases in which defects were found		Number of cases in which prosecutions were instituted  (6)
		Remedied (3)	Referred	
			To HM Inspector (4)	
Want of cleanliness (S.1) Sanitary Conveniences (S7) (a) Insufficient (b) Unsuitable or defective  Total	1    2  3	     	     1	     

No. of Outworkers ... .. 69



**E. JACKSON** M.B., CH.B., D.P.H.  
**MEDICAL OFFICER OF HEALTH**

for  
Shaftesbury Borough  
Shaftesbury Rural District  
Sturminster Rural District  
Sherborne Rural & Urban Districts  
**Senior Assistant County Medical Officer**  
Tel. Sturminster Newton 651

COUNTY CLINIC

GREEN CLOSE

STURMINSTER NEWTON

DORSET

with compliments





HOUSING

Total number of houses in the district ..... 3842

Inspection of dwelling houses during the year:

Total No. of dwelling houses inspected during the year 102

No. of inspections made ..... 140

No. of informal notices served ..... 42

No. of informal notices complied with ..... 34

No. of Statutory Notices served ..... 3

No. of Statutory Notices complied with ..... None, but  
work is in progress to secure compliance with  
notices.

No. of houses reported under Section 16 of the Housing  
Act, 1958 ..... 10

In October, 1971 the Council considered reports by their Public Health Inspectors concerning 10 unfit houses which were not capable of being rendered fit at reasonable cost and authorised service on the owners and other interested persons of Time and Place Notices under Section 16 of the Act when the condition of each house would be considered by them. (Note: action finalised in 1972)

No. of houses included in Clearance Areas during the year .. None

Housing Act, 1964. Section 13

No action was taken under this Section of the Act.

Overcrowding

No case of statutory overcrowding was found.

Houses Let In Lodgings

No house is known to be let in lodgings.

Housing Repairs and Rents Act, 1954

No application was received for certificates of disrepair.

Improvement Grants

No. of applications received during the year: 47

	(a) <u>Standard</u>	(b) <u>Discretionary</u>
No. granted	30	17
No. pending	-	..

New Houses

No. of new dwellings provided by private enterprise  
during the year ..... 50

No. of new dwellings provided by the Local Authority  
during the year ..... 26

Ro-housing

Total No. of families housed during the year by the  
Local Authority ..... 44

Housing Applications

No. of persons who are applicants for a Council House  
at the end of the year:-

(a) resident within the district .....	128
(b) resident without the district .....	60

## INSPECTION AND SUPERVISION OF FOOD SUPPLIES

### 1. Milk

#### The Milk & Dairies (General) Regulations, 1959

No. of 'dairies' in the district subject to registration	6
No. of 'distributors' subject to registration	7

Sampling of milk was carried out regularly by officers of the Dorset County Council.

#### Milk Supplies - Brucella Abortion

(a) No. of samples of raw milk taken and examined by Dorset County Council staff	21
(b) No. of positive samples found	1

After notification by Dorset County Council of the positive sample, arrangements were made for the milk supply from the farm concerned to be sent to a milk factory for manufacturing purposes.

One creamery in the District has increased in size and its products are distributed widely beyond the boundaries of the District. Inspections and examination of equipment and products were carried out frequently and advice was given by the Public Health Inspectors.

### 2. Other Food Premises

#### (a) Food Hygiene (General) Regulations, 1970

Details of food premises subject to the above regulations, are grouped below in categories of trade.

<u>Trade</u>	<u>No. of Premises</u>
Hotels	4
Cafes	6
Public Houses	15
Clubs	5
Church Halls	5
Canteens - Schools	5
Confectioners	13
Meat and Fish	9
Grocers	4
Mixed Stores	35
Boarding Schools	3
Food Factories	14
Others	11

No. of such premises inspected during the year ..... 121

No. of inspections carried out ..... 152

#### (b) No. of food premises subject to registration under Section 16 of the Food & Drugs Act, 1955, in respect of:-

(i) Ice Cream .....	53
(ii) Sausages & Prepared Meats .....	11
(iii) Fish and chips .....	2

No. of samples of ice cream submitted for Methylene Blue Test ..... 4

#### (c) The method in use for disposal of condemned food: Incineration

Bye-laws in respect of handling and wrapping of food are not operative in the district.

# INSPECTION AND SUPERVISION OF FOOD SUPPLIES (continued)

## Slaughterhouses

No. of licensed slaughterhouses in the district ..... 3

No. of licensed knackers yards in the district ..... None

## CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	153	361	4394	2361	138802
Number inspected	153	361	4394	2361	138802
<u>All diseases except (a) Tuberculosis and (b) Cysticercosis</u>					
Whole carcasses condemned	1	17	119	23	575
Carcasses of which some part or organ was condemned	20	88	89	226	15138
Total of part or whole carcasses condemned	21	105	208	249	15713
Percentage of the number inspected affected with other than (a) or (b)	13.7	29.1	4.7	10.5	11.3
<u>Tuberculosis only</u>					
Whole carcasses condemned					
Carcasses of which some part or organ was condemned					2784
Total of part or whole carcasses condemned					2784
Percentage of the number inspected affected with tuberculosis					2.0
<u>Cysticercosis only:</u> There was no part of a carcase condemned for cysticercosis only.					

## Quantity of meat condemned:-

At Butchers and	Beef Steak	8 lbs.
other shops:	Mutton	11 lbs.
	Corned Beef	3 lbs.
	Bacon	7 lbs.
	Fish (cod)	70 lbs.

## At Slaughterhouses:

Carcase meat:	50 tons 3 cwts. 3 qrs. 8 lbs.
Offal:	40 tons 6 cwts. 2 qrs. 23 lbs.

## Other Food Condemned

Tinned Grapefruit	50 lbs.
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## POULTRY INSPECTION

There is no poultry processing premise within the district

### SUMMARY OF INSPECTIONS (INCLUDING HOUSING) CARRIED OUT

Total No. of inspections (under all headings) .....	1245
Total No. of informal notices served .....	89
Total No. of informal notices complied with .....	61
Total No. of statutory notices served .....	3
Total No. of statutory notices complied with .....	None, but work in progress to secure compliance
No. of prosecutions .....	None

Pressure on the inspectorate occurs when all slaughterhouses are slaughtering simultaneously although at other times the inspectors are able to give limited assistance to two neighbouring local authorities.

With the introduction of the Meat Inspection (Amendment) Regulations, 1971, the Council increased their meat inspection charges with effect from 16th August 1971 to the maximum rates permitted by the new Regulations.





